

# PART B - FEE(S) TRANSMITTAL

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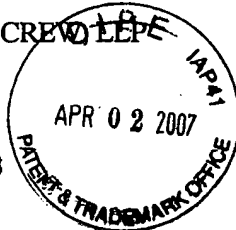
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20350 7590 12/28/2006

TOWNSEND AND TOWNSEND AND CREW LLP  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO, CA 94111-3834



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Patricia Andrews (Depositor's name)  
*Patricia Andrews* (Signature)  
 March 27, 2007 (Date)

04/03/2007 BABRAHA2 00000011 201430 10723383

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

03 FC:1501 300.00 DA	APPLICATION NO. 33,000	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/723,383 11/25/2003 Marc Nasoff 021288-002920US 5854

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR INDUCING APOPTOSIS IN CANCER CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOYCE, CATHERINE	1642	424-133100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Townsend and Townsend and  
 2 Crew LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRM LLC

Hamilton HM LX BERMUDA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 27, 2007

Typed or printed name Jean M. Lockver

Registration No. 44,879

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/723,383
Filing Date	November 25, 2003
First Named Inventor	Nasoff, Marc
Art Unit	1642
Examiner Name	C. Joyce
Attorney Docket Number	021288-002920US

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, Part B - Issue Fee Transmittal (in duplicate)
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jean M. Lockyer		
Date	March 27, 2007	Reg. No.	44,879

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Signature			
Typed or printed name	Patricia Andrews	Date	March 27, 2007